

## ANESTHESIA - ATTESTATION to NUMBER of PROCEDURES

Pursuant to N.J.A.C.13:35-4A.12(a)1, by my signature below, I \_\_\_\_\_ (Name)  
certify that, in the two years immediately preceding the date of this application, I  
administered general or regional anesthesia in \_\_\_\_\_ (number) \_\_\_\_\_ procedures, with  
acceptable results for patients of all age groups of patients within my practice, for which  
privileges are requested.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

(type or print)

SIGNATURE: \_\_\_\_\_

Attachment 1

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_